

Meeting Title	Board of Directors		
Date	22 July 2021	Agenda item:	Bo.7.21.8

## Report from the Chair of the Regulation & Assurance Committee

Presented by	Dr Maxwell Mclean, Chairman		
Author	Laura Parsons, Associate Director of Corporate Governance/Board Secretary		
Lead Director	Prof Mel Pickup, Chief Executive		
Purpose of the paper	To provide a summary of the discussions held and outcomes from the Regulation & Assurance Committee meeting held on 13 July 2021		
Key control	This report is relevant to all Strategic Objectives		
Action required	To assure		
Previously discussed at/informed by	Regulation & Assurance Committee – 13 July 2021		
Previously approved at:	Committee/Group	Date	
	N/A		

### Key Matters Discussed

This paper provides a summary of the Regulation & Assurance Committee meeting held on Tuesday 13 July 2021 via Microsoft Teams. The meeting was chaired by Dr Maxwell Mclean. The agenda for the meeting is attached at Appendix 1. The purpose of the Regulation & Assurance Committee is to seek assurance that the Trust is properly governed and is achieving its strategic objectives and meeting its statutory responsibilities.

### Matters escalated from executive directors

The Chief Executive advised the Committee that operational challenges are increasing. The number of Covid-19 patients within the hospital was increasing due to the Delta variant, with younger people now being admitted. There were currently 33 Covid-19 inpatients, with 11 receiving Non Invasive Ventilation and 3 in ICU. The number of cases was also expected to increase following the relaxation of restrictions on 19 July. At the same time, the Trust is seeing patients now presenting through the Emergency Department (ED) who have delayed seeking help during the pandemic. Yesterday there were over 500 ED attendances. The conversion rate is remaining consistent, which means that the actual number of admissions is increasing. All of this limits the amount of elective activity that can be undertaken. In addition, there has been an increase in paediatric respiratory virus cases, and this is expected to increase in August. The Committee was asked to remain mindful of this context when considering the items presented at today's meeting.

### Quality

#### Quality Academy Chairs' Reports

The following points were highlighted from the May and June Quality Academy meetings:

- The quality dashboard was reviewed and it was noted that work is ongoing to refresh the metrics and ensure that they are reflective of the current context.
- In relation to staff isolating, HR colleagues are considering how to manage this going forward for NHS staff. BTHFT is still requiring staff to isolate if contacted, however at least one WYAAT trust appears to have moved away from mandating that staff are absent if they are traced.
- Currently 25% of the theatre estate is out of action due to works, and there are staffing constraints including redeployment, sickness and vacancies. The Trust isn't an outlier in terms of theatre vacancies. Overseas staff have been recruited and there is a recruitment drive within theatres. An Outstanding Theatres Programme will also be introduced, and will be led by the Chief Medical Officer. This will follow the same approach as the Outstanding Maternity Services programme.
- In relation to Infection Prevention and Control, there had been an increase in line infections, and the

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Director of Infection Prevention and Control provided an update on the actions being taken in response.

- The 3 Serious Incidents (SIs) in relation to neonatal services were reviewed. Immediate actions have been implemented including placing an experienced paediatric matron into the unit to support. Liverpool Women and Childrens Hospital is providing external assurance.
- The Business Intelligence team had provided a helpful update on their work.
- There will be a specific focus on a topic at every academy, the June meeting focused on sepsis and ensuring the sickest patients are seen. The new dashboard will be adopted as the single source of information on sepsis within the Trust.
- Strategic risk 3380 (patients with mental health problems not receiving appropriate treatment) had increased back to a score of 20 from 16; this was a problem regionally and nationally.
- The Quality Account was reviewed and it was agreed to add an improvement priority relating to EDI.
- A Regulation 28 notice was issued to the Trust in relation to an inquest held at the end of June/early July. This related to concerns on a historical case and the issues have been addressed so no further action is required.
- The Academy had received a presentation in relation to patient involvement in the investigation of SIs.

Further detail was provided in relation to the Outstanding Theatres Programme (OTP). The Chief Medical Officer explained that the Board would be kept updated in relation to the programme, which would follow the same approach as the Outstanding Maternity Services programme. Theatres have been impacted in terms of recruitment and retention of staff, and clear opportunities for training and development. Staffing has always been constrained. The issues existed prior to Covid-19, but they have been highlighted further during the pandemic due to the need to redeploy staff and the departure of some staff. The OTP will focus on areas such as culture, team working and embedding kindness. There has been some scepticism from staff but it has been reiterated that the programme is about working with them, not 'doing to' them. There will be some 'quick wins', but other areas will be implemented over a longer period of time.

In relation to the Regulation 28 notice, two issues had been raised following an inquest held in April 2021, relating to communications between different medical teams and how this was documented, and the engagement of medical specialties in the SI process. EPR is now in place which enables communications between teams, and the need for direct communications has been reinforced. A response has been sent to the coroner.

### Maternity Services Update

The Director of Midwifery highlighted following from the report:

- Due to timing of the paper, some of the regular standing items (dashboard, continuity of care update) were not available but will be included in the next update.
- The required evidence for the Ockenden assurance process had been submitted by the deadline, feedback was awaited and there may be an assurance visit from the regional team. LMS colleagues had commended the team on the submission.
- There were two stillbirths in June, one was a butterfly baby with known congenital anomalies. The second was 34 week baby, upon the initial review there were no concerns, but when reviewed in more detail a problem was found with the sonography department using different metrics on scans. Action has been taken to resolve this.
- One baby was treated for HIE during June. The case was referred to the HSIB but it was declined as it did not meet the clinical criteria. However, this case is now being investigated by HSIB as an SI due to parental concerns raised.
- There has been an increase in neonatal deaths; a deep dive and thematic review are being undertaken, and there will be a presentation on this to the Quality Academy.
- The team culture has improved and there is a monthly open forum with the Chief Nurse where staff can raise any safety concerns. Some equipment concerns have been raised and are being

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addressed. A member of staff also raised a concern following a review of a recent CQC report, in relation to challenges maintaining social distance in the antenatal clinic/MAC waiting area and reduced visibility of women waiting due to pods. A risk assessment of the area has again been requested and this will be managed through the CBU governance process.

- Work has also been undertaken to improve staff wellbeing and morale. Staff have driven improvements and have owned the issues and the implementation of solutions.

The Committee was pleased to see the culture change and the impact this has on quality improvement.

#### Maternity Incentive Scheme (MIS) Submission

The Director of Midwifery sought approval from the Committee of the intent to report full compliance against the 10 standards detailed within the MIS. There was one outstanding safety action (Safety action 4: Can you demonstrate an effective system of medical workforce planning to the required standard?). There were some areas to address in relation to a potential funding risk in the next financial year. A paper would be presented to the Executive Team on 19 July to provide further clarification, however it was not expected that this would impact on the sign off the action plan.

The Board approved the submission subject to confirmation via the Executive Team in relation to safety action 4.

#### Covid-19 Vaccination Programme Update

The Chief Nurse provided an update on Covid-19 vaccinations including the next steps for the Trust. There has been good vaccination uptake in some cohorts, but there is less uptake in the younger age groups and inner city areas. In terms of ethnicity, there is lower take up in Central Eastern European, African / Black and South Asian communities. A number of initiatives are in place to increase uptake – such as targeting local businesses, covid vaccination bus, virtual Q&A sessions, ‘grab a jab’, and GP walk in sessions.

The next steps include planning for phase 3 (booster delivery). Early indications are that acute trusts will be expected to provide this in the same way as flu vaccines.

The Committee raised some concerns in relation to the upcoming relaxation of restrictions and the potential for virus rates to increase, including through events such large weddings. It was confirmed that public health colleagues were working to provide public messaging to highlight the risks, and events venues were being targeted to ensure that their staff were vaccinated.

It was suggested that vaccines could be provided from venues such as schools, supermarkets etc. so that the vaccine can be given there and then, rather than the individual having to make an appointment. The Covid bus has supported this type of approach, and there are also issues to consider in relation to transportation and storage of the vaccine, and ensuring appropriate staffing and safety measures. It was also suggested that examples of real Covid patients should be used, including younger patients, to highlight the risks and bring this to life.

#### Partnerships

##### Partnerships Dashboard / Strategic Risks

The Director of Strategy & Integration informed the Committee that the second reading of the Health and Social Care Bill was due to take place on 14 July. The proposals in the Bill will develop system working and place the Integrated Care System (ICS) on a statutory footing. The Bill also grants additional powers to the Secretary of State for Health and Social Care, for example to set capital limits.

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In relation to the People Plan, it was confirmed that the Trust's plan is aligned to plans at both place and ICS level. The key principle is not to duplicate work at different levels. An update will be provided to the People Academy in September.

The risk relating to the EU exit was highlighted, and it was confirmed that this would now be de-escalated from the Strategic Risk Register as there had been no significant impact on the Trust and any potential issues were being monitored on an ongoing basis.

## **Finance & Performance**

### **Finance & Performance Academy Chair's Reports**

The following points were highlighted:

- The strategic risks relevant to the Academy have been reviewed.
- The Academy continues to engage with the Act as One programme.
- There is still no national settlement for NHS, and funding for the second half of the year is unlikely to be confirmed before September.
- The Academy reviewed the internal audit plan for 2021/22, this will be reviewed through Audit Committee for remainder of the year.
- In terms of financial plan, the Trust remains ahead of plan at the end of May. A breakeven position is being forecast for the first half of the year.
- The rules and tolerances for the Elective Recovery Fund (ERF) are changing which may impact on the Trust.
- The Treasury report was received by the Academy, which shows that the Trust is in a healthy position from a cash perspective.
- The financial outlook had been discussed with a range of scenarios presented, the efficiencies required are likely to be between 1-3% and this will be communicated to the Clinical Business Units.

The Academy had reviewed the revised Capital Programme for 2021/22 and agreed to recommend this for approval by the Regulation & Assurance Committee. The governance arrangements have been strengthened to ensure appropriate oversight, and the Academy will be kept informed of the scrutiny undertaken. The Director of Finance confirmed that following the recent activities to review the programme and discussions with the ICS, the Trust now has a safe and affordable programme for 2021/22, but there is no flexibility for unforeseen issues. Assurance was provided that the programme would not create a cash risk for the Trust. The Committee approved the programme.

The Chief Operating Officer provided an operational update. Although A&E performance has taken a downward trend, this is seen regionally and nationally – last week the Trust was 5<sup>th</sup> out of 29 trusts locally, and 27<sup>th</sup> out of 116 trusts nationally, so within the top quartile which highlights the challenging environment that all trusts are operating in. Discussions are ongoing at system level and will be picked up at the A&E Delivery Board in terms of how to manage the increased demand and what mutual support can be given. Consideration is also being given to bringing GPs back into A&E, who were moved out during the pandemic.

Current data modelling was based on 95% of baseline activity, however this has already surpassed 100% in terms of A&E, so the modelling will be revised. Positive progress continues to be made in relation to cancer waiting times.

## **People**

### **People Academy Chair's Reports**

The following points were highlighted:

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- The complexity of turnover and vacancy figures was discussed by the Academy, and it was agreed that a more detailed analysis will be provided at the next meeting to explain the potential anomalies in the data.
- The Academy reviewed the strategic risks within its remit. Strategic risk 3489 (risk that staff will have a poor experience) remains a key risk but mitigations are in place.
- An update was provided on obstetric and midwifery staffing in May, and in June, assurance was provided on the process for the bi-annual staffing review.
- GMC national training survey - the action plan was considered and approved by the Academy for submission to the Royal College of Obstetrics and Gynaecologist (RCOG). This was in response to a requirement resulting from the 2019 GMC national training survey that had identified problems for educational opportunities for Obstetrics & Gynaecology trainees at the Trust. It was confirmed that this had been delayed from 2019 due to the pandemic. Assurance was provided that the position has improved and the team is happy with the staffing position.
- The Academy received a comprehensive report and detailed presentation on equality, diversity and inclusion (EDI), and particularly the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submissions and priorities for the next 12 months.
- The Academy reviewed the staff survey action plan as well as an update on the new quarterly staff survey requirement which launched in July. The Academy will be provided with updates against the action plan on a quarterly basis and will report back to the Regulation & Assurance Committee as necessary.
- The Academy also received annual reports on Freedom to Speak Up and Medical Appraisal and Revalidation.

#### Looking after our people

A presentation was provided at the June Academy meeting in relation to this work. The following points were highlighted:

- Wellbeing conversations have been introduced for all staff.
- An Occupational Health Staff Psychologist is now in post, and a CBT therapist will be starting next month.
- There is a place based programme of work on 'Looking after our People' two of the workstreams are on providing support to staff going through the menopause, and on mental health first aid training. We are trying to ensure that work is not duplicated at Trust level and are contributing to these workstreams.
- Staff communications continue including the Wellbeing Wednesday bulletin, however this is being reviewed to ensure that it remains useful as some of the information is repeated and the numbers of staff reading the bulletin have started to reduce.
- A joint HR workforce group has been set up with Bradford District Care NHS Foundation Trust to consider how we can work together to reduce sickness absence and improve health and wellbeing.

#### Nurse staffing data

The Chief Nurse provided an update on nurse staffing and assurance of the mitigation in place during the Covid-19 pandemic. There had been an increase in falls of low harm on ward 27, it had been recognised that the environment was not conducive to elderly patients and actions have been taken to address this alongside the operations team. The overall position has improved slightly but difficulties remain due to the current circumstances and arrangements required due to Covid-19. The quality and safety tool is used daily to assess the position across wards, and as part of the ward accreditation process. There are some positive areas such as safety huddles and PPE, but also some concerns raised around staffing levels. This generally relates to delays in administering medications.

Staff related incidents have reduced from the previous period. The level of scrutiny on managing staffing on a daily basis is reassuring. Staff have been listened to and actions have been taken, for example some staff



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have raised concerns about difficulties with being moved to different wards, and they haven't always received a good response from the staff on the ward they are moved to. In situ training has continued to support this, as well as the work on embedding kindness. Recruitment has continued, including overseas nurses and student capacity has been increased.

Assurance was provided that the data provided through the quality and safety tool is reviewed on a daily basis to ensure that any concerns are addressed. The Matrons also have a daily huddle which covers staffing, and any concerns are escalated to the Chief Nurse as appropriate.

### **Governance**

#### **Board Assurance Framework (BAF) (Q1) and Strategic Risk Register Movement Log**

The BAF had been reviewed and updated by lead directors in June, and was reviewed at the executive team meeting on 28 June. Two assurance ratings have been increased from amber to green, in relation to delivery of the financial plan and being a continually learning organisation. However the Committee was asked to note that there is uncertainty around the financial plan for the second half of the year.

It was noted that the strategic risks had been considered throughout the meeting as part of the academy chair reports, including the mental health risk being increased back to 20, and the de-escalation of the EU Exit risk from the strategic risk register.

It was confirmed that the BAF was being reviewed and will be presented to the Board for review and approval. Risk management training would also be arranged for the Board, in line with the recommendations from the recent BAF audit.

#### **Governance Review – Update**

The Committee received an update regarding the transition to the academy governance model. There were some proposed amendments to the academy terms of reference (TOR), in relation to estates and facilities (E&F), health and safety and digital and data. It was proposed that responsibility for oversight of the E&F improvement plan is removed from the F&P Academy TOR, and added to the Quality Academy TOR. The Quality Academy will receive quarterly E&F service reports, and reports will be presented to the other academies by exception.

Due to the regulatory nature of the H&S Committee, it was proposed that this becomes a sub-committee of the Regulation & Assurance Committee rather than the Quality Academy.

A new Digital and Data transformation committee has been established and it was proposed that this reports to the Quality Academy on a bi-annual basis.

The TOR for the academies and R&A Committee had been amended to reflect these changes and were approved by the Committee.

The Committee was also advised that, since the paper was written, the Regulation & Assurance Committee had been considered, and at the meeting on 22 July, the Board would be asked to consider whether the Regulation & Assurance Committee should be disbanded, with academies reporting directly to the Board.

#### **Items of Positive Assurance, Learning and/or Improvement**

The Committee noted positive assurances in relation to the cultural improvements achieved as part of the Outstanding Maternity Services programme. The Committee was also pleased to note that the learning from the OMS programme will be used to implement the Outstanding Theatres Programme.

The Committee reviewed the strategic risks within each section of the meeting and noted the assurances regarding the management of the risks.

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<b>Matters escalated to the Board for consideration</b>
It was agreed that there were no matters requiring escalation to the Board.
<b>New/emerging risks</b>
The Committee did not note any new/emerging risks.
<b>Recommendation</b>
The Board of Directors is requested to note the discussions held and outcomes from the Regulation & Assurance Committee meeting held on 13 July 2021.